

Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: Enhanced Ambulatory Patient Group (EAPG) for Ambulatory Surgical Centers;

New Weights, Base Rate, and EAPG Grouper Version for Claims Payment

FROM: Cynthia B. Jones, Director MEMO: Special

Department of Medical Assistance Services (DMAS)

DATE: 12/15/15

SUBJECT: Enhanced Ambulatory Patient Group (EAPG) for Ambulatory Surgical Centers;

New Weights, Base Rate, and EAPG Grouper Version for Claims Payment

Effective January 1, 2016

The purpose of this memorandum is to inform providers of the establishment of new weights and base rate, as well as the use of an updated Enhanced Ambulatory Patient Group (EAPG) grouper version, for claims payment for dates of service on or after January 1, 2016. DMAS began reimbursing Ambulatory Surgical Centers (ASC) in accordance with the EAPG reimbursement methodology on claims with dates of service beginning April 5, 2010. (See the Medicaid Memorandum dated March 4, 2010, "Enhanced Ambulatory Patient Group (EAPG) for Ambulatory Surgical Centers.")

In accordance with this memorandum, DMAS is updating the weights and base rate for the EAPG reimbursement methodology. In addition, DMAS is updating the EAPG grouper version it uses for this reimbursement. Specifically, DMAS will be using Version 3.10 of the EAPG grouper, as well as Version 3.10 of the national weights developed by 3M. The new statewide base rate of \$101.93, which DMAS calculated using these Version 3.10 products, should result in total expenditures that are budget neutral to (or the same as) total current expenditures. The EAPG weights and the base rate are available on the DMAS web site at www.dmas.virginia.gov. Click the following links; Provider Services, Rate Setting Information, Outpatient Facility Rates, Ambulatory Surgical Center. To contact 3M for more information about EAPG software, please call 800-367-2447 or use the following link: www.3MHIS.com.

The new EAPG weights and base rate will be effective for claims with dates of service on or after January 1, 2016. Due to software implementation schedules, claims with dates of service in January 2016 will be processed using the current EAPG version, and new rates and weights. Claims will subsequently be reprocessed with the new grouper version. DMAS estimates that the reprocessing of these claims will be completed by March 2016.

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COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at https://dmas.kepro.com.

KEPRO PROVIDER PORTAL

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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.